

**WORK FIRST PROGRAM
BENEFIT DIVERSION AND WORK FIRST SERVICES FOR LOW INCOME FAMILIES
SURVEY
STATE FISCAL YEAR (SFY) 2021-2022**

County Name: _____

1. **Benefit Diversion:** Will your county offer Benefit Diversion to Work First applicants for SFY 2021-2022?

Yes

No

2. **Work First Services for Low Income Families:** Which Federal Poverty Level (FPL), will your county utilize for SFY 2021-2022? (Refer to [EFS-WF-02-2021](#) for the 2021 FPL)

150% of the FPL

200% of the FPL

Comments (optional): _____

_____/_____
(Signature of Program Manager) (Printed Name) Date

_____/_____
(Signature of DSS Director) (Printed Name) Date

Submit the survey no later than **April 30, 2021** via the following:

Email: Leslie.Dean@dhhs.nc.gov or

Mail: NC Department of Health and Human Services
Division of Social Services
Economic and Family Services
Attn: Leslie Dean
820 S. Boylan Avenue, McBryde Building
2420 Mail Service Center
Raleigh, NC 27699-2420